FÖRM D

SEC 1972 (6/99):
Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

UNITED STATES 1414553

SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL							
OMB Number:	3235-0076						
Expires:	May 31, 2005						
Estimated avera	Estimated average burden						
hours per response							

SEC USE ONLY								
Prefix		Serial						
DATE RECEIVED								

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Private Placement Unit Offering							
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Section 10 2007 Type of Filing: New Filing Amendment							
A. BASIC IDENTIFICATION DATA THOWSON							
1. Enter the information requested about the issuer OCT 0.5, 2007 RIVAINCIAL							
Name of Issuer (check if this is an amendment and name has changed, and indicate changed. Summersfield, LLC							
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 6900 Westown Parkway, West Des Moines, Iowa 50266 (515) 243-3228							
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone							
(if different from Executive Offices)							
Brief Description of Business							
Real estate developer							
Type of Business Organization 07079408							
corporation limited partnership, already formed other (pleass)							
business trust limited partnership, to be formed Limited Liability Company Month Year							
Actual or Estimated Date of Incorporation or Organization: [0] [3] [0] [7] Actual Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:							
CN for Canada; FN for other foreign jurisdiction) [1] [A] GENERAL INSTRUCTIONS							
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).							
When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.							
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.							
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.							
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.							
Filing Fee: There is no federal filing fee.							
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed. ATTENTION							
Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of							

a federal notice.

• 1		A. BASIC IDENTIF	ICATION DATA						
2. Enter the information requ	uested for the foll	owing:							
Each promoter of the	e issuer, if the issu	ier has been organized wit	hin the past five years;						
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;									
 Each executive offic 	er and director of	corporate issuers and of c	orporate general and mana	aging partners of	partnership issuers; and				
Each general and ma	maging partner of	partnership issuers.							
Check Box(es) that Apply:	□ Promoter □	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, i	f individual)								
Hubbell Properties II, L. C.	(Series H), a serie	s of a multi-series Iowa lin	nited liability company						
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Coo	le)						
6900 Westown Parkway, We	st Des Moines, Io	wa 50266-2520							
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	☑ General and/or Managing Partner				
Full Name (Last name first, i	f individual)		****						
Hubbell Realty Company									
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Coo	le)						
6900 Westown Parkway, We	st Des Moines, Io	wa 50266-2520							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, i	f individual)				-				
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Coo	le)						
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner				
Full Name (Last name first, i	f individual)								
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Cod	le)						
					····				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, i	f individual)								
Business or Residence Addre	ess (Number and S	street, City, State, Zip Cod	e)						
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, i	f individual)								
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Cod	e)						
	(Use blank sheet	or copy and use addition	nal conies of this sheet	as necessary)					

Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first,	if individual)		· · · · · · · · · · · · · · · · · · ·							
Business or Residence Address (Number and Street, City, State, Zip Code)										
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first,	if individual)		· · · · · · · · · · · · · · · · · · ·							
Business or Residence Addr	ess (Number and	Street, City, State, Zip Coo	de)							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner					
Full Name (Last name first,	if individual)									
Business or Residence Addr	ess (Number and	Street, City, State, Zip Coo	de)		· · · · · · · · · · · · · · · · · · ·					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first,	if individual)									
Business or Residence Addr	ess (Number and !	Street, City, State, Zip Coo	de)							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first,	if individual)									
Business or Residence Address	ess (Number and S	Street, City, State, Zip Coo	ie)							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first,	if individual)									
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Coo	de)	***************************************						
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first,	if individual)									
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Coo	le)							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if individual)										
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Coo	le)	 						

1	•				B. IN	FORMAT	ION ABO	OUT OFF	ERING				
			•							r n		Yes	No
I. H	. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									🛛	Ш		
	Answer also in Appendix, Column 2, if filing under ULOE.												
2. W	What is the minimum investment that will be accepted from any individual?										000		
3. D	Does the offering permit joint ownership of a single unit?									🛛			
of ar as	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
	,	Last name	e first, if i	ndividual)									
NON Busin		Residence	Address	(Number	and Street	City, Sta	te. Zip Co	 de)					
						,, ,	, _F	<i>,</i> 					
Name	e of As	sociated E	Broker or	Dealer									
State	s in Wi	nich Perso	n Listed l	Has Solicit	ed or Inte	nds to Soli	cit Purcha	sers					
(Ch	eck "A	ll States"	or check i	individual	States)		***********				•••••		All States
· [A	AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[]	L]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO
[N	MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[HO]	[OK]	[OR]	[PA]
[F	ਪ]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full l	Name (Last name	first, if i	ndividual)								_	
_	· · ·							····					
Busir	ness or	Residence	e Address	(Number	and Street	, City, Sta	te, Zip Co	de)					
Name	e of As	sociated E	Broker or	Dealer									
State	s in Wl	nich Perso	n Listed l	Has Solicit	ed or Inte	nds to Soli	cit Purcha	sers					
(Ch	eck "A	ll States" (or check i	individual	States)		••••••				•••••		All States
[A	AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[]	L]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO
[N	MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	<u>u]</u>	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full I	Name (Last name	first, if i	ndividual)									
Busir	ness or	Residence	Address	(Number	and Street	, City, Sta	te, Zip Co	de)					
Name	e of As	sociated B	Broker or	Dealer				-			•		*******
State	s in Wi	nich Perso	n Listed l	Has Solicit	ed or Inte	nds to Soli	cit Purcha	sers					
				individual							• • • • • • • • • • • • • • • • • • • •		All States
-	AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
-	L]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO
_	νT]	[NE]	[NV]	[NH]	[נאז]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	น] ๋	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[wv]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USI	TARADOCEET	16
1		E OF TRUCEEL	75
1.	Enter the aggregate offering price of securities included in this offering and the total		
	amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an		
	exchange offering, check this box 🛛 and indicate in the columns below the amounts of		
	the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate	Amount Already
	· , , , , , , , , , , , , , , , , , , ,	Offering Price	Sold
	Debt	S0	\$0
			\$ <u>0</u> \$ 0
	• •	<u> </u>	\$ <u>U</u>
	Common Preferred		
	Convertible Securities (including warrants)	<u> </u>	\$0
	Partnership Interests	5 0	\$ 0
	Other (Specify) (Limited Liability Company Units)	620,000	\$620,000
	Onici (opecity) (Entitled Etablity Company Onics)	020,000	J020,000
	Total	620,000	\$620,000
		020,000	\$ <u>020,000</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
^			
2.	Enter the number of accredited and non-accredited investors who have purchased		
	securities in this offering and the aggregate dollar amounts of their purchases. For		
	offerings under Rule 504, indicate the number of persons who have purchased securities		
	and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer		
	is "none" or "zero."		
			Aggregate
		Number	Dollar Amount
		Investors	of Purchases
	Accredited Investors		\$
	-	•	<u> </u>
	Non-accredited Investors	<u>2</u>	2
	Total (for filings under Rule 504 only)	19	\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for		
	all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve		
	(12) months prior to the first sale of securities in this offering. Classify securities by type		
	listed in Part C – Question 1.		
		Type of	Dollar Amount
	Type of offering	Security	Sold
	Rule 505	N/A	\$
	Regulation A	N/A	\$
	Regulation 504		\$
	-		-
	Total	w	\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution		
	of the securities in this offering. Exclude amounts relating solely to organization expenses		
	of the issuer. The information may be given as subject to future contingencies. If the		
	amount of an expenditure is not known, furnish an estimate and check the box to the left of		
	the estimate.		
	the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs	\boxtimes	\$1,824
	Legal Fees	\boxtimes	\$ 15,810
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fee separately)	\Box	\$
	Other Expenses (identify) (postage; Securities Exemption Filing Fees)		\$950
	Total	\boxtimes	\$ <u>18,584</u>

	C. OFFERING PRICE, NUMBER	R OF INVESTORS, EXPENSES A	ND USE	OF PROCE	EDS	<u> </u>
5.	 b. Enter the difference between the aggreg C - Question 1 and total expenses furnished i difference is the "adjusted gross proceeds to the Indicate below the amount of the adjusted gross 	n response to part C - Question 4.a e issuer." (Exchange offer)	. This		\$	601,416
٥.	be used for each of the purposes shown. If furnish an estimate and check the box to the let listed must equal the adjusted gross proceeds to Question 4.b above.	the amount for any purpose is not it of the estimate. The total of the pa	known, yments			
				Payments to Officers, Directors, & Affiliates	Pa	yments To Others
	Salaries and fees		□ \$_		□ \$	
	Purchase of real estate		□ \$		□ \$	
	Purchase, rental or leasing and installation	on of machinery and equipment	□\$_		□ \$	
	Construction or leasing of plant building	and facilities of plat improvements	□ \$_		⊠ \$	389,855
	Acquisition of other businesses (including in this offering that may be used in exch					
	of another issuer pursuant to a merger)		□ \$	 	□\$_	
	Repayment of indebtedness		□ \$_		□\$	
	Working capital				□\$	
	Other (specify): (a) repayment of loan f	om Hubbell Realty Company	⊠ \$_	155,850	□ \$	
	(b) repurchase of membership units owned b	v Hubbell Realty Company	⊠ \$	55,711	□ \$	
	Column Totals			211,561		389,855
	Total Payments Listed (column totals ad			<u> </u>	601,	
	D	FEDERAL SIGNATURE				
the f	ssuer has duly caused this notice to be signed by ollowing signature constitutes an undertaking ben request of its staff, the information furnished 502.	y the issuer to furnish to the U.S. S	ecurities	and Exchang	ge Comm	ission, upon
	r (Print or Type) nersfield, LLC	Signature RMill Hay	y cs	Date Octo	e ober 2, 20	07
Nam	e of Signer (Print or Type)	Title of Signer (Print or Type)				
R. M	chael Hayes	Secretary of Hubbell Realty Compan	y, Manag	ger of Summer	sfield, LL	C
		ATTENTION		· · · ·		
	Ì	ALIMITON				ı

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

E. STATE SIGNATURE 1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature 000 · 1/0	Date .
Summersfield, LLC	Signature RMich Ways	October 2, 2007
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
R. Michael Hayes	Secretary of Hubbell Realty Company, Manager of Sui	mmersfield, LLC

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	Intend to accredite in S	sell to non- d investors State i-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and Amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	Subordinated Notes and/or Common Stock	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No		
AL	163	110	Common Stock		Anioun		Amount	163	140		
AK						,					
AZ									 		
AR									†		
CA											
со											
CT					-						
DE											
DC								•			
FL	Х		\$250,000	3	\$250,000	0	0		x		
GA											
HI											
ID											
IL	X		\$20,000	2	\$20,000	0	0		X		
IN											
IA	х		\$300,000	11	\$250,000	2	\$50,000		X		
KS											
KY											
LA											
ME											
MD		<u> </u>						·			
MA											
MI								······	<u> </u>		
MN		· · · · · · · · · · · · · · · · · · ·									
MS											
МО											

APPENDIX

Intend to sell to non-accredited investors in State State Fraction State State Fraction State Fraction State Fraction State State Fraction State Fraction	1		2	3			4		5 Disqualification		
State Yes No Subordinated Notes and/or Common Stock Number of Accredited Investors Number of Non-Nount Accredited Investors Accredited Investors <th< td=""><td></td><td>accredite in l</td><td>d investors State</td><td>and aggregate offering price offered in state</td><td></td><td colspan="3"></td><td>under Sta (if yes explana waiver</td><td colspan="2">(if yes, attach explanation of waiver granted)</td></th<>		accredite in l	d investors State	and aggregate offering price offered in state					under Sta (if yes explana waiver	(if yes, attach explanation of waiver granted)	
State Yes No Subordinated Common Stock Accredited Investors Amount Non-Accredited Investors Amount Yes No MT 1 <t< td=""><td> </td><td>(14112</td><td>-Rein 1)</td><td>(1 411 0 110111 1)</td><td></td><td>(Part C</td><td></td><td>······································</td><td>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \</td><td>Γ</td></t<>	 	(14112	-Rein 1)	(1 411 0 110111 1)		(Part C		······································	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Γ	
MT				Notes and/or	Accredited		Non- Accredited				
NE		Yes	No	Common Stock	Investors	Amount	Investors	Amount	Yes	No	
NV	<u> </u>										
NH I											
NJ	NV										
NM Image: control or contr	NH										
NY	NJ										
NC Image: color of the color o	NM										
ND Image: color of the color o	NY										
OH S50,000 1 S50,000 0 0 X OR S50,000 1 S50,000 0 0 X OR SO	NC										
OK X \$50,000 1 \$50,000 0 X OR Image: Control of the c	ND										
OR	ОН										
PA	OK	х		\$50,000	1	\$50,000	0	0		X	
RI	OR										
SC SD SD<	PA										
SD Image: square s	RI										
TX	SC									-	
TX	SD										
TX	TN									<u> </u>	
VT											
VA	UT		<u></u>	 -							
WA	VT										
WV	VA							·			
WI WY WY	WA					<u> </u>					
WY	wv						<u> </u>				
WY	WI				· · · · · · · · · · · · · · · · · · ·						
	PR										

